

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 FEB 24 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300170130353  
02/22/10--01008--011 \*\*416.25

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 204000012741

1. Limited Liability Company's Name

GOLDEN SUNRAY, LLC

2. Principal Office Address - No P.O. Box #

4421 S. US 301

Suite, Apt. #, etc.

3. Mailing Office Address

4469 BLACK RUN RD.

Suite, Apt. #, etc.

City & State

BUSHNELL, FL

Zip

33513

Country

USA

City & State

CHILLICOTHE, OH

Zip

45601

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

AUG 1984

6. FEI Number

591922723

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHARLES RAY JUDD

Street Address (P.O. Box Number is Not Acceptable)

4421 S. US 301

Suite, Apt. #, Etc.

B

City

BUSHNELL

State

FL

Zip Code

33513

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent



Date 2-12-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHARLES RAY JUDD	4421 S. US 301	BUSHNELL, FL 33513

REINSTATEMENT

11. E-mail Address: CHARLES.RAY.JUDD@HOTMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager



Date 2-12-10

Daytime Phone # 352-206-5040

Typed or printed name of signing Managing Member/Manager

CHARLES RAY JUDD